

| Asbestos Project Notification Revised January, 2003 | State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826 | | FORM N Page 1 of 3 | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--------|-------------|--|--|---------------------|--|--|---------------------|--|--|---------------------|--|--|---------------------|--|--|---------------------|--|--|---------------------|--|
| 1. Project Code _____ (Assigned by notification submitter) | 2. Type of Notification _____ Standard (O) _____ Facility O&M (Annual) _____ Emergency (E) _____ Courtesy (Not Regulated) | 3. Type of Activity _____ Demolition (D) _____ Renovation (R) _____ Repair | 4. Variances (Check all that apply) _____ Non-Standard (NS) _____ Standard (S) _____ Notification Waiver (10 day) | | | | | | | | | | | | | | | | | | | | | |
| 5. Asbestos Contractor Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____ | | 6. Facility Owner Name _____ Mailing Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____ | | | | | | | | | | | | | | | | | | | | | | |
| 7. Facility Location (Where removal is to take place) BLDG Name _____ Floor and/or Rm.# _____ Physical Address _____ City _____ State _____ Zip _____ | | 8. Facility Description Present Use _____ Prior Use _____ BLDG Size _____ No. Floors _____ BLDG Age _____ | | | | | | | | | | | | | | | | | | | | | | |
| 9. Notification Fees (Required fees must accompany notification) _____ \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. _____ \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. _____ Not Required or Not Included (Complete Block #9A) | 9A. Notification Fee Not Included _____ Single family home exemption _____ ACM amount less than 100 SqFt/100 LnFt _____ Fees paid quarterly (Non-Scheduled O&M only) _____ BGS exemption | | 10. Project Work Hours _____AM to _____PM (Show actual hours) Weekdays (Check all that apply) ____M ____T ____W ____T ____F Weekend (Check all that apply) _____Sat _____Sun | | | | | | | | | | | | | | | | | | | | | |
| 11. Scheduled Dates for Asbestos Project Start (set-up) Date _____ Completion Date _____ Removal Dates (from) _____ (to) _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Asbestos (ACM) Removal <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">ACM Type</th> <th style="width: 20%;">Amount</th> <th style="width: 20%;">Measurement</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>SqFt ____ LnFt ____</td></tr> <tr><td> </td><td> </td><td>SqFt ____ LnFt ____</td></tr> <tr><td> </td><td> </td><td>SqFt ____ LnFt ____</td></tr> <tr><td> </td><td> </td><td>SqFt ____ LnFt ____</td></tr> <tr><td> </td><td> </td><td>SqFt ____ LnFt ____</td></tr> <tr><td> </td><td> </td><td>SqFt ____ LnFt ____</td></tr> </tbody> </table> | | | ACM Type | Amount | Measurement | | | SqFt ____ LnFt ____ | | | SqFt ____ LnFt ____ | | | SqFt ____ LnFt ____ | | | SqFt ____ LnFt ____ | | | SqFt ____ LnFt ____ | | | SqFt ____ LnFt ____ | ME DEP USE ONLY Postmark/ FAX/ hand delivered _____ Date Received _____ Check # _____ NESHAP _____ State _____ Variance _____ |
| ACM Type | Amount | Measurement | | | | | | | | | | | | | | | | | | | | | | |
| | | SqFt ____ LnFt ____ | | | | | | | | | | | | | | | | | | | | | | |
| | | SqFt ____ LnFt ____ | | | | | | | | | | | | | | | | | | | | | | |
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| | | SqFt ____ LnFt ____ | | | | | | | | | | | | | | | | | | | | | | |

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13. Demolition (complete as applicable)

____ Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)

Demolition Dates: _____ to _____

15. Project Clearance

Visual evaluation by: (Air Monitor (if known) and Company)

Air Clearance by: (Air Monitor (if known) and Company)

____ Flooring by mechanical equipment (1-layer containment)

____ Flooring by ice scrapers/pry bars (1-layer containment)

____ Perimeter suspended ceiling tile under negative pressure

____ Wrap & cut (TSI in good condition)

____ Roofing removal by mechanical saws/cutters

_____ Enclosure

Encapsulation

_____ Other (specify) _____

18. Disposal Site

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____

TEL _____ FAX _____

I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations.

Print Name _____

Mailing Address _____

TEL _____ FAX _____

Asbestos Project Notification

Project Code _____

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

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20. Emergency Notification (oral notification must be made within 1 working day of the emergency)

Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.

Detailed Explanation (Include the date and hour on which the emergency occurred) _____

Signature (Emergency Notification requested by) _____

Print Name _____

Date _____

MEDEP Action on Emergency Notification

☐ **APPROVED** ☐ **DISAPPROVED** (by) _____ (date) _____

21. Notification Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)

Complete when a waiver to the standard notification period is requested when reasonable planning & foresight could not have predicted the event & other notification procedures would not suffice to protect public health & the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler & associated piping/valves failure).

Detailed Explanation _____

Signature (Notification Waiver requested by) _____

Print Name _____

Date _____

MEDEP Action on Notification Waiver Request

☐ **APPROVED** ☐ **DISAPPROVED** (by) _____ (date) _____

